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Prevalence Survey of Cutaneous Lieshmaniasis in Zahedan in 1392 to 1394

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Intruduction: Lieshmaniasis is caused by parasitic protozoa of the genus lieshmania.Human are infected via the bite phelebotomin sandflies.In resent years, the vector of lieshmaniasis in endemic areas is caught. annually. Although cutaneous disease is usually associated with high mortality & morbidity rates disfiguring skin lesions & scar left on the skin for long-term social & psychological effects of the disease.The purpose of this study was necessary measures concerning the recognition of parasites, vectors &reservoirs and adopting appropriate strategy to eliminate transmission & prevent outbreaks of the ring. Methods: 361 patients referred of the center of Salak were direct smear & Gimsa staining, were examined microscopically. Vriables such as age, gender, location, … were analyzed with the Spss software. Results: 147 cases were positive. 110 men 75% & 37 women 25%, 75%of patients in Zahedan، 11% live in Mirjaveh &14% of patients from Zabol .20% of patients had the lesion on the face,54% on the hand, 26% on the feet. Discussion: Capable of transmitting disease to other areas contaminated by residents or passengers in urban & lack of awareness about the disease Salak is the most important factor in disease transmission.Seriousness of the disease leishmaniasis especially education, prognosis & treatment of patiets with accurate & timely hoped that the disease can be controlled.

Keywords: Prevalence, Leishmaniasis, Phelebotomus, Gimsa, Lesion, Zahedan

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Seroepidemiological Investigation of Kala-Azar Disease (Infantum Type) Using Laboratory Diagnosis of DAT between 2001 and 2014 in Ardabil Province, Iran

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Visceral leishmaniasis (VL), kala-azar is one of the diseases transmitted between animals and humans caused by intracellular protozoan parasites of the genus Leishmania. There is a Mediterranean type of the disease in the country caused by Leishmania infantum and mostly children under five are suffering from this disease. Dogs and Canine are the main reservoirs. Meshkinshahr is the old center. Laboratory diagnostic methods for Kala-azar are DAT, IFA, ELISA, RK39 and bone marrow examination. Materials and methods: This study was a cross-sectional study on 377 patients with kala-azar since 2001 till 2014 in Ardebil province who have been diagnosed and treated using laboratory diagnosis by antigen-DAT (1.1600 and higher titer). Results: the city of Meshginshahr, local transmission of disease have taken place in the cities of Germi, Bilesavar and Parsabad where are the new focus of disease in the province. Prevalence of the disease is higher in children under 5 years (91%) and in rural areas. According to integrated disease care program in the network system, strengthen and intensify the caring programs and awareness in the province as well as intervention programs, leading to a decrease in the number of cases and death in endemic cities, therefore it is recommended in order to maintain the present status and control the disease and prevent the risk of morbidity and mortality in children under 5 years of age, it is necessary to strengthen and intensify the screening programs as well as identify and eliminate the reservoirs of infection (infected dogs).

Keywords: Kala-Azar, Meshkinshahr, DAT, Network System